

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000130824

Entity Name: KITSILANO, INC

FILED
May 02, 2006
Secretary of State

Current Principal Place of Business:

100 SOUTH FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

100 SOUTH FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009 US

New Mailing Address:

FEI Number: 34-2019652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORFIDIS, MARAGARITA
100 SOUTH FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORFIDIS, MARGARITA
Address: 100 SOUTH FEDERAL HIGHWAY
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: VP () Delete
Name: MORFIDIS, LAZAROS
Address: 100 SOUTH FEDERAL HIGHWAY
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: T () Delete
Name: MORFIDIS, DIMITRIOS
Address: 100 SOUTH FEDERAL HIGHWAY
City-St-Zip: HALLANDALE BEACH, FL 33009 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARITA MORFIDIS

PRES

05/02/2006

Electronic Signature of Signing Officer or Director

_____ Date